

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

| PROGRAM | LIMITATIONS |
|--|---|
| 24. Medical Supplies and Equipment (Cont.) | <p>g. Enteral and parenteral feeding supplies;</p> <p>h. Administration sets for intravenous medication;</p> <p>i. Incontinency pants and disposable underpads for those individuals who are unable to refrain from yielding to the urge to urinate or defecate, according to the limitations in COMAR 10.09.12.05B.</p> <p>3. Purchase of Durable Medical Equipment is limited to items with a usual and customary purchase price of \$40 or less, with the following exceptions:</p> <p>a. Alternating pressure pad with pump;</p> <p>b. Apnea monitor;</p> <p>c. Bed fracture frame;</p> <p>d. Bed mattress;</p> <p>e. Bed side rails;</p> <p>f. Bed traction stand;</p> <p>g. Bucks traction;</p> <p>h. Burn garments including all fitting, dispensing and follow-up care;</p> <p>i. Cervical collar, hard;</p> <p>j. Commode;</p> <p>k. Crutches;</p> <p>l. Hospital bed;</p> <p>m. Neck brace, 2- and 4-poster;</p> <p>n. Orthopedic back braces, rigid type only;</p> <p>o. Patient lift;</p> <p>p. Pelvic traction;</p> <p>q. Pump delivery system;</p> <p>r. Suction machine;</p> <p>s. Transcutaneous electrical nerve stimulator (TENS);</p> <p>t. Trapeze, for hospital bed;</p> <p>u. Trapeze, free standing;</p> <p>v. Walker;</p> <p>w. Wheelchair and accessories;</p> <p>x. Blood glucose reflectance meters for home use when the following criteria are met:</p> <p>(i) The patient is an insulin-dependent diabetic;</p> |

TN No. 92-20
Supersedes
TN No. 89-8

Approval Date _____
Effective Date MAR 01 1992

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| 24. Medical Supplies and Equipment (Cont.) | <p>(ii) There shall be documentation by a physician of poor diabetic control, to include at least one of the following:</p> <p>(aa) Widely fluctuating blood sugars before meal time,</p> <p>(bb) Frequent episodes of insulin reactions, or</p> <p>(cc) Evidence of frequent significant ketosis;</p> <p>(iii) The patient's physician states that the patient is capable of being trained to use the particular device prescribed in an appropriate manner; and</p> <p>(iv) The device is designed for home rather than clinical use.</p> <p>y. Delivery system (pump and pole assembly) for enteral and parenteral feedings;</p> <p>z. IV pole for use with parenteral administration of medication;</p> <p>aa. Prosthetic devices which include:</p> <p>(i) Artificial eyes;</p> <p>(ii) Breast prostheses, including surgical brassiere; and</p> <p>(iii) Upper and lower extremity, full and partial, to include stump cover or harnesses where necessary;</p> <p>Replacement of prostheses once every year for persons under 19 years old and once every three years for persons 19 years old or older;</p> <p>bb. Individually form-fitted support stockings, leg or arm, including all fitting, dispensing, and follow-up care, not to exceed two at one time three times in a 12-month period, for non-institutionalized individuals;</p> |

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| 24. Medical Supplies and Equipment (Cont.) | <p>cc. Positioning splint, hand or foot (in-home use only);</p> <p>dd. External ambulatory infusion pump with administrative equipment, when usual and customary modes of therapy have been tried and are shown to be unsuccessful or impractical.</p> <p>4. Rental of Durable Medical Equipment is limited to items with a usual and customary rental charge of \$10.00 or less, with the following exceptions:</p> <p>a. Alternating pressure pad with pump;</p> <p>b. Apnea monitor;</p> <p>c. Bed fracture frame;</p> <p>d. Bed mattress;</p> <p>e. Bed side rails;</p> <p>f. Bed traction stand;</p> <p>g. Bucks traction;</p> <p>h. Commode;</p> <p>i. Crutches;</p> <p>j. Hospital bed;</p> <p>k. Patient lift;</p> <p>l. Suction machine;</p> <p>m. Transcutaneous electrical nerve stimulator (TENS);</p> <p>n. Trapeze, for hospital bed;</p> <p>o. Trapeze, free standing;</p> <p>p. Walker;</p> <p>q. Wheelchair and accessories;</p> <p>r. Delivery system (pump and pole assembly) for enteral and parenteral feedings;</p> <p>s. IV pole for use with parenteral administration of medication;</p> <p>t. External ambulatory infusion pump with administrative equipment, when usual and customary modes of therapy have been tried and are shown to be unsuccessful or impractical.</p> |

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| 24. Medical Supplies and Equipment (Cont.) | <p>5. The following durable medical equipment is not covered:</p> <ul style="list-style-type: none">a. Equipment prescribed primarily to provide comfort or convenience, including, but not limited to, emesis basins, posture support chairs, over-the-bed tables;b. Self-help devices including, but not limited to, grab bars, bath seats and shower stools, and commode seats;c. Abdominal supports;d. Bed boards;e. Casts;f. Corrective shoes;g. Elastic ankle supports, knee supports, wristlets, stockings and bandages;h. Enema bags;i. Environmental controls;j. Geriatric chairs;k. Heating pads or lamps;l. Hot water bottles;m. Hydrocollators;n. Ice bags;o. Knee cages;p. Leg braces;q. Nasal atomizers;r. Pediatric braces;s. Restraints;t. Sitz baths;u. Soft collars;v. Whirlpools;w. Whirlpool bath equipment;x. Automatic syringe pump for medication administration. <p>6. Medical supplies and durable equipment provided in a facility or by a group when reimbursement is covered by another segment of the Program are not covered.</p> |

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| 24. Medical Supplies and Equipment (Cont.) | <p>7. Items which are investigational or experimental in nature are not covered.</p> <p>8. Spinal cord dysfunction supplies are limited as specified in COMAR 10.09.12.05.</p> <p>9. Blood and urine glucose and urine ketone monitoring supplies are limited as specified in COMAR 10.09.12.05.</p> |

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| Services that require preauthorization | <ol style="list-style-type: none">1. All covered disposable medical supplies with a usual and customary charge exceeding \$300 except incontinency pants and disposable underpads, osteogenesis stimulators, and disposable medical supplies for home kidney dialysis.2. All incontinency pants and disposable underpads.3. Osteogenesis stimulators including reevaluation for continued use at 6 weeks and 3 months to verify recipient use.4. Durable medical equipment priced on the current fee schedule as individual consideration (I/C).5. Durable medical equipment not on the current fee schedule.6. Any rental of durable medical equipment after 3 months of rental.7. All repairs to purchased durable medical equipment exceeding \$500.8. Preauthorization for purchased durable medical equipment and for all medical supplies is valid for a maximum of 30 days beginning with the date of issue by the Program and is contingent on the recipient's continued eligibility.9. For durable medical equipment that is rented, preauthorization is valid for a period to be determined individually by the Program, and is contingent on the recipient's continued eligibility.10. Preauthorization will specify a maximum allowable reimbursement for the item authorized.11. Preauthorization will indicate whether durable medical equipment is to be rented or purchased. |

TN No. 92-20
Supersedes
TN No. 88-13

Approval Date _____
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| PROGRAM | LIMITATIONS |
|--|--|
| Services that require preauthorization (Cont.) | <p>12. Preauthorization is issued when:</p> <ul style="list-style-type: none">a. Program procedures are met;b. The prescriber submits to the Department adequate documentation demonstrating that the service to be preauthorized is necessary and appropriate ("necessary" means directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment; "appropriate" means an effective service that can be provided, taking into consideration the particular circumstances of the recipient and the relative cost of any services which could be used to the same purpose). <p>13. Preauthorization normally required by the Program is waived when the service is covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing. Non-Medicare claims require preauthorization according to 1-12 above.</p> <p>14. Preauthorization is not required for:</p> <ul style="list-style-type: none">a. any disposable medical supplies and durable medical equipment for home kidney dialysis purchased or rented for Medical Assistance recipients;b. prosthetic devices;c. Durable medical equipment listed on the current fee schedule with both a procedure code and a price or rental charge. |

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TN No. 89-8

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| PROGRAM | LIMITATIONS |
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| Services that require preauthorization (Cont.) | <p>15. Preauthorization, when required, may be requested verbally for the following covered supplies:</p> <ul style="list-style-type: none">a. Ostomy supplies;b. Permanent urinary incontinence supplies except incontinency pants and disposable underpads;c. Spinal cord dysfunction supplies;d. Blood and urine glucose and urine ketone monitoring supplies;e. Enteral and parenteral feeding supplies;f. Administration sets for intravenous medication. |

TN No. 92-20
Supersedes
TN No. 89-8

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| Program | Limitations |
|--|--|
| 25. Oxygen and Related Respiratory Equipment | <ol style="list-style-type: none">1. The Program does not cover:<ol style="list-style-type: none">a. Demurrage;b. Charges for delivery;c. Equipment prescribed primarily to provide comfort or convenience, including, but not limited to, air conditioners, and room humidifiers;d. Items which are investigational or experimental in nature;e. Oxygen and related equipment not for pulmonary use;f. Pre-set oxygen for emergency use;g. Trach string or tape.2. The Program places the following limitations upon covered services:<ol style="list-style-type: none">a. Reimbursement for aerosol equipment will only be authorized if a hand held nebulizer has been tried and is not successful as indicated on the clinical summary;b. Reimbursement for IPPB machine will only be authorized if the aerosol compressor with the nebulizer kit has been tried and is not successful, as indicated in the clinical summary;c. Reimbursement may not be made for:<ol style="list-style-type: none">(1) Repairs or replacement parts for rented items,(2) Oxygen prescribed on an as-needed basis (PRN);(3) Oxygen prescribed for stand-by purposes,(4) Oxygen prescribed for use less than 15 hours per day, or except when indicated for sleep apnea per criteria published in State regulations.(5) Piped-in oxygen,(6) Oxygen and related respiratory equipment and services provided in a facility or by a group when reimbursement is covered by another segment of the Program;d. Payment for portable oxygen will be made only when:<ol style="list-style-type: none">(1) It is required in the pursuit of medical treatment, and(2) The medical necessity for this type of system is indicated on the DHMH 1219.e. Payment for tracheostomy trays will be limited to one per week. |

TN No. 88-1
Supersedes
TN No. 87-10

Approval Date **JUL 15 1988** Effective Date

JUL 01 1987

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| PROGRAM | LIMITATIONS |
|---|--|
| (Continued) | |
| 25. Oxygen and Related Respiratory Equip. | f. The nasal continuous positive airway pressure (NCPAP) system shall be rented for 1 month before approval to purchase is given. |
| | 3. Billing time limitations: |
| | a. The Department may not reimburse the claims received by the Program for payment more than 6 months after the date of service. |
| | b. Medicare Claims. For any claim initially submitted to Medicare and for which services have been: |
| | (i) Approved, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and |
| | (ii) Denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later. |
| | c. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 6 months of the earliest date of service. |
| | d. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 6 month period, or within 60 days of rejection, whichever is later. |
| | e. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 6 months of the date on which eligibility was determined. |

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No. 91-16

supersedes

TN No. 88-12

Approval Date _____

Effective Date JAN 28 1991